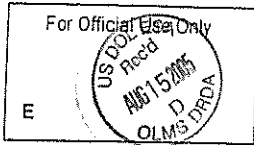


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2001

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8116</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>MARK A. PETERSON</b>  P.O. Box, Bldg., Room No., if any  Street <b>358 YALE</b>  City <b>SAN ANTONIO</b>  State <b>TEXAS</b> ZIP Code + 4 <b>78201</b>	4. Name, file number, and address of labor organization.  Name <b>PLUMBERS &amp; PIPEFITTERS LU #142</b>  Labor Organization File Number <b>034-872</b>  P.O. Box, Building and Room Number, if any  Street <b>3630 BELGIUM LANE</b>  City <b>SAN ANTONIO</b>  State <b>TEXAS</b> ZIP Code + 4 <b>78219-2506</b>
5. Position in labor organization.  <b>INSIDE GUARD</b>	

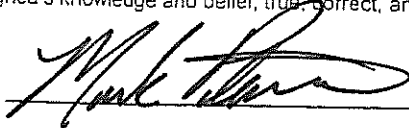
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

**8-5-05**

Date

**(210) 737-0130**

Telephone Number

Name of Person Filing MARK PETERSON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS &amp; PIPEFITTERS LOCAL 142 JOINT</p> <p>Trade Name, if any: APPRENTICE &amp; JOURNEYMAN TRUST FD</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3630 BELGIUM LANE</p> <p>City SAN ANTONIO</p> <p>State Texas ZIP Code + 4 78219-2506</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>THE TRUST FUND WAS ESTABLISHED THROUGH A COLLECTIVE BARGAINING AGREEMENT WITH THE UNION AND MCA-SMCNA OF SAN ANTONIO, INC. TO PROVIDE EDUCATIONAL TRAINING TO APPRENTICES AND JOURNEYMEN. THE UNION PAYS EMPLOYER CONTRIBUTIONS AND LEASES OFFICE SPACE.</p> <p>11.b. Approximate dollar value of such dealing. \$8,011</p> <p>12.a. Nature of interest held or income received.</p> <p>AS AN INSTRUCTOR OF THE PLUMBERS &amp; PIPEFITTERS 142 JOINT APPRENTICE AND JOURNEYMAN TRUST FUND, WAGES OF \$2241 WERE RECEIVED FOR THE YEAR. THE FOLLOWING REIMBURSED EXPENSES FOR MILEAGE AND MEALS WERE RECEIVED FOR ATTENDING INSTRUCTOR TRAINING CLASSES:</p> <p>5/06/2004 - \$132</p> <p>7/20/2004 - 315</p> <p>12.b. Amount. \$2,688</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NORTHSIDE INDEPENDENT SCHOOL DISTRICT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5900 EVERS ROAD</p> <p>City SAN ATNONIO</p> <p>State Texas ZIP Code + 4 78238</p>	<p>14.a. Nature of payment.</p> <p>AS AN INSTRUCTOR OF THE PLUMBERS &amp; PIPEFITTERS LOCAL 142 JOINT APPRENTICE AND JOURNEYMAN TRUST FUND, NORTHSIDE INDEPENDENT SCHOOL DISTRICT ALSO PAYS WAGES TO THE INSTRUCTORS FOR TEACHING AT THE TRAINING SCHOOL. FOR THE 2004 YEAR, \$1960 WAS RECEIVED.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment. \$1,960</p>